

EMPLOYEE APPEAL

City of Fresno
Civil Service Board

To the Civil Service Board

The undersigned files his/her answer to the subject order and demands an appeal hearing thereon,
as follows: *(Check boxes where appropriate, use additional pages if necessary)*

Name of Appellant _____	Job Title _____
Address _____	Phone _____
_____	Type of Order _____
Name of Representative _____ <input type="checkbox"/>	Fine, Amount _____
Address _____ <input type="checkbox"/>	Suspension, Duration _____
_____ <input type="checkbox"/>	Removal _____
Name of Dept. Head _____	Date of Order _____

The allegations of the Order which are disputed, if any, are ☐ none or ☐ as follows:

Allegation

Denial or Contrary Allegation

The extent or degree of discipline is ☐ not disputed or ☐ disputed, for the following reasons:

Dated this _____ day of _____, 20____, at Fresno, California.

I declare under penalty of perjury that the foregoing assertions of fact are true and correct.

Employee's Signature _____

OR

Representative's Signature _____